

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

37856

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence, (No.) St. Ward)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 327

2. FULL NAME Mrs Angie Kirby Fisher

(a) Residence, No. 24th St. So. Crutcher St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas A Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1874
7. AGE YEARS 63 MONTHS 3 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

13. NAME Daniel Kirby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Gerhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birch County Pa

17. INFORMANT (ADDRESS) Mary Kirby 24th St So Crutcher

18. BURIAL CREMATION, OR REMOVAL PLACE Cincinnati DATE Oct 9 1937

19. UNDERTAKER (ADDRESS) Alt + Mitchell Independence Mo

20. FILED 10-13-37 19. 37 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Depue, Iowa 19..... to 19.....

I last saw him alive on Depue, Iowa, 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Cause undetermined
pending further Examinations
Chr. Interstitial Nephritis
Other contributory causes of importance:
(Cerebral - arterio-sclerosis)

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? Depue, Iowa (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Henry H. Depue, M. D.
(Address) Depue, Iowa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 11 1959